

## BAY COUNTY HOUSING APPLICATION PACKET

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Township/City \_\_\_\_\_

The attached application is for our Housing Rehabilitation Program using H.U.D., Section 8 Guidelines for total code enforcement on existing homes. Housing repair loans are available upon approval from the Bay County Housing Division. Loan interest rates are from 0% to 3%.

### To qualify, applicants must:

- ◆ live in Bay County (but outside of the City of Bay City)
- ◆ have home located outside the 100-year flood hazard area
- ◆ have an owner-occupied, single-family, residential dwelling
- ◆ have lived in the home a minimum of one year as owner
- ◆ have all property taxes paid to current date
- ◆ have homeowner insurance on dwelling
- ◆ have a home more than five years old
- ◆ have household income within the established guidelines

You must meet the above requirements in order to submit an application form for this program. Please mail your **completed** application form to:

**David Peters, Housing Rehab Coordinator  
Mid-Michigan Community Action Agency  
1141 North McEwan  
Clare, MI 48612**

All applications received are considered on a first come, first served basis. To see if you qualify for the program or for more information, please contact David Peters of the Mid-Michigan Community Action Agency at the Clare office (989) 386-3805 extension, or at the Bay City office (989) 894-9060.

### Please bring the following items with you to your appointment:

- ◆ completed Housing Application Packet
- ◆ verification of Social Security Number
- ◆ valid picture identification, driver license, etc.
- ◆ last three years of paid property tax receipts
- ◆ homeowner's insurance (premium notice with coverage dates)
- ◆ verification of income (2 years federal & state income tax returns, with W-2 forms and paycheck stubs for last 30 days), SSI or pension statement, etc.
- ◆ copy of recorded, mortgage & warranty deed, or land contract & sellers warranty deed



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## **APPLICANT REQUIREMENTS**

1. Applicant must be an individual or family who has ownership and occupies a single dwelling residential property, or is a purchaser of such property under a land sales contract or mortgage. The land sales contract or mortgage must be recorded.
2. Applicant must meet income requirements combining gross income of the applicant, family, and any other persons related by marriage or operation of law who share the same dwelling unit. This includes those persons living together who are not married and excludes the income of those persons under the age of 18, or full time students and mentally or physically disabled children whatever their age (this does not exclude social security, disability, or child support payments received for minor children).
3. Applicant must have occupied and owned the premises for one year prior to making application. Applicant must reside in the premises for the period of the loan.
4. Applicant's assets must be greater than zero but not exceed \$5,000 in cash. This requirement applies to applicants eligible for Deferred Loan assistance.
5. Applicant and all other joint owners of the property must agree to sign a mortgage and note for the total amount of the loan, including all related costs of the loan. If applicant is purchasing home on a land contract, the land contract holder must provide written permission to homeowner and the Bay County Housing Division.
6. Applicant will be required to maintain loss payable insurance on the property for the duration of the loan and provide proof annually. The Bay County Housing Division must be placed on insurance policy as lien holder if the project is approved and be notified if insurance is changed or canceled.
7. Applicant will be required to keep the property tax payments current for the duration of the term of the loan and provide proof annually.
8. Upon the termination of ownership, either by death, sale of property, title transfer, or change of occupancy, the balance of the mortgage must be paid in full.
9. Applicant's home must be at least five (5) years old or older.
10. Applicants that are successful in obtaining a Home Rehabilitation Loan, may not apply for another loan for a period of five (5) years from date of completion statement.
11. Elected officials and staff shall not be considered eligible applicants, but may apply for a Home Improvement Loan from the Michigan State Housing Development Authority.
12. Mortgages created by Bay County Housing Rehabilitation Projects can **only** be subordinated for rate and term refinancing (not for debt consolidation or "cash out" transactions), per M. S. H. D. A. Housing Policy.



ADA Assistance: The County of Bay will provide necessary and reasonable auxiliary aids and services, such as signers for the hearing impaired and audio tapes of printed materials being considered, to individuals with disabilities upon ten (10) days notice to the County of Bay. Individuals with disabilities requiring auxiliary aids or services should contact the County of Bay by writing or calling: Michael Gray; Administrative Services Director, Office of the Bay County Executive, 515 Center Avenue, Bay City, MI 48708, (989) 895-4130, (989) 895-4049 TDD

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### AUTHORIZATION FOR RELEASE OF INFORMATION

I (we) hereby authorize release of the requested information to the Bay County Housing Division in connection with my (our) loan application for home rehabilitation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**BAY COUNTY HOUSING PROGRAM  
APPLICANT'S INFORMATION FOR CREDIT APPROVAL**

Only for owner-occupied, single-dwelling residential program.

**APPLICANT INFORMATION** (Fill in all blanks, if answer is none, write "None".)

Applicant Name: \_\_\_\_\_ SS#: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_

Co-applicant Name: \_\_\_\_\_ SS#: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_

Address: \_\_\_\_\_

(street, route, box number, city, state, zip code) (township)

How long have you lived there? \_\_\_\_ years Telephone No. \_\_\_\_\_

Number of Dependents: \_\_\_\_ Ages of Dependents: \_\_\_\_\_

Race\* \_\_\_\_\_ Handicapped\* \_\_\_\_\_

\*Minority and handicapped data are obtained for statistical purposes only.

**EMPLOYMENT DATA**

Applicant occupation: \_\_\_\_\_ Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_ How long? \_\_\_\_\_

Co-applicant occupation: \_\_\_\_\_ Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_ How long? \_\_\_\_\_

**MONTHLY INCOME**

Applicant Pay \$ \_\_\_\_\_  
Co-applicant Pay \$ \_\_\_\_\_  
Other Wages \$ \_\_\_\_\_  
Investment Income \$ \_\_\_\_\_  
Social Security \$ \_\_\_\_\_  
Disability Benefits \$ \_\_\_\_\_  
Unemployment \$ \_\_\_\_\_  
Property Income \$ \_\_\_\_\_  
Pension Benefits \$ \_\_\_\_\_  
ADC/Cash Welfare \$ \_\_\_\_\_  
Child Support \$ \_\_\_\_\_

**TOTAL MONTHLY  
INCOME** \$ \_\_\_\_\_

**CURRENT ASSETS**

Cash Accounts \$ \_\_\_\_\_  
U.S. Savings Bonds \$ \_\_\_\_\_  
Other Savings \$ \_\_\_\_\_  
Stocks/Securities \$ \_\_\_\_\_  
Real Estate Equity \$ \_\_\_\_\_  
IRA Accounts \$ \_\_\_\_\_  
Life Ins. (Cash Value) \$ \_\_\_\_\_  
Annuity (Cash Value) \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_

**TOTAL  
CURRENT ASSETS** \$ \_\_\_\_\_

**YEARLY INCOME** \$ \_\_\_\_\_



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**APPLICANT INFORMATION FOR CREDIT APPROVAL (CONTINUED)**  
**EXISTING DEBT ON PROPERTY TO BE REHABILITATED**

Original Mortgage (Land Contract) Amount \$ \_\_\_\_\_  
Amount Remaining \$ \_\_\_\_\_

Name & Address of Lender: \_\_\_\_\_

FHA Insured Mortgage? Yes \_\_\_\_\_ No \_\_\_\_\_ Year Home Built: \_\_\_\_\_

Name & Address of Insurance Carrier: \_\_\_\_\_

Present Market Value of Property: \$ \_\_\_\_\_

State Equalized Valuation: \$ \_\_\_\_\_

**MONTHLY HOUSING EXPENSES**

House Payment \$ \_\_\_\_\_  
Heating \$ \_\_\_\_\_  
Other Utilities \$ \_\_\_\_\_  
Homeowners Ins. \$ \_\_\_\_\_  
Property Taxes \$ \_\_\_\_\_  
Maintenance \$ \_\_\_\_\_  
Credit Cards \$ \_\_\_\_\_  
**TOTAL** \$ \_\_\_\_\_

**MONTHLY FIXED EXPENSES**

Life Insurance \$ \_\_\_\_\_  
Health Insurance \$ \_\_\_\_\_  
Car Loan Payment \$ \_\_\_\_\_  
Charge Accounts \$ \_\_\_\_\_  
Child Care \$ \_\_\_\_\_  
Income Taxes \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_  
**TOTAL** \$ \_\_\_\_\_

\*\*\*\*\*  
Name and Address of Bank of Deposit: \_\_\_\_\_

Previous Foreclosure Record? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", give Property Address: \_\_\_\_\_

Name and Address of Lender: \_\_\_\_\_

Previous Bankruptcy Record? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", give Date and Court location: \_\_\_\_\_

\*\*\*\*\*  
To be filled in on day of interview.

Date of interview \_\_\_\_\_ Interviewer \_\_\_\_\_

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

Co-applicant signature \_\_\_\_\_ Date \_\_\_\_\_

**BAY COUNTY HOUSING DIVISION  
AUTHORIZATION FOR INSPECTIONS**

APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Telephone No. \_\_\_\_\_

For purposes of processing this application, authorization is given to Bay County Housing Division for inspections at the above listed address. Said inspections may be requested by the Housing Division, Health Department Inspector or others deemed necessary by the Division on our behalf. It is understood that, generally, the inspections performed are to determine the repairs necessary for the home to meet HUD Section 8 Guidelines for existing homes, and that they will be of nondestructive, visual nature, though other inspections are hereby authorized. This authorization expires in four months from signing date.

It is understood that the repairs and the amount of money required for such repairs will be the basis for a loan application from the Bay County Housing Division, and that the inspection of the house is **no guarantee** that this application will be approved.

All information on this application, as well as documents furnished in support of this application, are given for the purpose of obtaining a loan through the Bay County Housing Program, and that the contents of this application are true and complete to the best of our knowledge and belief. Supporting verification may be obtained from any source named herein.

Penalty for False or Fraudulent Statement: USC Title 18, Section 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies...or makes any false, fictitious statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

REPAIRS YOU BELIEVE MAY BE NECESSARY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Page 7

● NOTICE ●  
**WATCH OUT FOR LEAD PAINT POISONING!**

This property was built before 1978. There is a possibility that it contains lead-based paint. **Please read the following information concerning lead-based paint poisoning.**

### Sources of Lead Based Paint

The interiors of older homes and apartments often have layers of lead-based paint on the walls, ceilings, window sills, doors and frames. It might be on porches or garages outside. When the paint flakes or chips, small children might chew these pieces of paint when adults aren't looking or the paint may get on their hands when they are playing and they put their hands in their mouths.

### Hazards of Lead-Based Paint

Lead poisoning is dangerous, especially to children under age 7. It can eventually cause mental retardation, blindness & even death.

### Symptoms of Lead-Based Paint Poisoning

Has your child been especially cranky or irritable? Is he or she eating normally? Does your child have stomach aches or vomiting? Is your child uninterested in playing? These may or may not be symptoms. Sometimes there are no symptoms, but you should still be concerned if you suspect that your child has been exposed to lead-based paint.

### Advisability and Availability of Blood Level Screening

If you suspect that your child has eaten chips, or someone else has told you this, you should take your child to the doctor or clinic for testing. Treatment is available if your child has an elevated blood lead level. If this is true, Medicaid can help pay for it and you should contact this office for possible testing and treatment of your residence.

### Precautions to Prevent Lead-Based Paint Poisoning

You can avoid lead-based paint poisoning by performing some preventive maintenance. Are there places where the paint is peeling, flaking, chipping or powdering? Here are things to do to protect your child:

(a) Cover all furniture and appliances

(b) Get a broom or stiff brush and remove all the loose pieces of paint from walls, woodwork, window sills and ceiling.

(c) **DO NOT VACUUM LOOSE PAINT!** Use a wet broom or mop to sweep up pieces and put them in a paper bag or newspaper. Put them in the trash. **DO NOT BURN THEM.**

(d) Do not leave paint chips on the floor or window wells. Damp mop floors and window sills in and around the work area to remove all dust and paint particles. Keeping these areas clear of paint chips, dust and dirt is easy and very important; and

(e) Do not allow loose paint to sit in window sills or within your child's reach since children may pick loose paint off the lower part of the walls.

### Homeowner Maintenance and Treatment of Lead-Based Paint Hazards

You can take steps to keep the paint from becoming loose or peeling. Water leaks due to a leaky roof or faulty plumbing should be corrected as water damage loosens paint. Before repainting, all surfaces should be cleaned by scraping or brushing to get off loose paint and then painted with two coats of lead-free paint. Instead of scraping and repainting, you could cover surfaces with sheetrock or paneling.

Be aware that when lead-based paint is

sanded or scraped, a dust can be created that is also very, very hazardous. Whenever possible, the treatment of lead-based surfaces should be done when small children and pregnant women are away so they are not exposed to the dust.

Simply painting over faulty surfaces without first making them stable will **not correct the problem**. The new paint will soon also loosen up and the old and new paint will start to chip and peel. **Your actions and awareness about the problem can make a big difference.**

☐ I have received a copy of the Notice entitled "Watch Out for Lead Based Paint Poisoning"

Date \_\_\_\_\_

Print Full Name \_\_\_\_\_

Signature \_\_\_\_\_

Do you have a family member under the age of seven (7) years old who has an identified elevated blood level (EBL)?

☐ Yes  
☐ No

**Copy 1 of 2 Copies**  
**Housing Division**  
**Copy**



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● NOTICE ●  
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Page 8

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**Copy 2 of 2 Copies  
Homeowners Copy**



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